RELA

## REISSUE PATENT APPLICATION TRANSMITTAL

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Midress to:	A	ttorney Docket No.	ARC9199	70008US2	4.C			
Commissioner for Patents	Fi	rst Named Inventor	Jon Micha	200				
Box Reissue	0	riginal Patent No.	6,112,202					
Washington, DC 20231		riginal Patent Issue Date  Month/Day/Year)	08/29/2000					
		xpress Mail Label No.			<del></del>			
APPLICATION FOR REISSUE			ent $\Box$	Plant Patent				
(check applicable box)								
APPLICATION ELEM	MENTS	ACCOMPANYING APPLICATION PARTS						
1. X *Fee Transmittal Form (Submit an original, and a dupli	I	7. Foreign Priority Claim (35 U.S.C. 119) (if applicable)						
processing) 2. ⊠ Specification and Claims (amen	· · · · · · · · · · · · · · · · · · ·	8. Information Disclosure Copies of II Statement (IDS)/PTO-144 Citations						
3.   Drawing(s) (proposed amendment	ts, if appropriate) 9.	9. English Translation of Reissue Oath/Declaration						
4. Reissue Oath/Declaration (origi (37 C.F.R. § 1.175)	-	(if appicable)  10. ☐ Small Entity ☐ Statement filed in prior applicat						
5. Original U.S. Patent		Sman Entity _	Statement filed in prior application Status still proper and desired					
Offer to Surrender Original Pate	ent (37 C.F.R. 1.178)	11. 🔀 Preliminary Amendment						
or	12	<ol> <li>Return Receipt Po (Should be specifical)</li> </ol>	,	,				
Ribboned Original Patent Affidavit/Declaration of I	Į.	3. Other:	carry nemize	.uy				
6. Original U.S. Patent currently assigned	1?							
⊠ Yes □ No								
(If Yes, check applicable box(es))								
Written Consent of al Assignees	<del></del>							
☐ 37 C.F.R. §3.73(b) Statement ☑ Pow	ver of Attorney							
	14. CORRESPONDE	NCE ADDRESS						
☐ Customer Number or Bar Code Lat ☐ Correspondence address below	bel, or							
		↑ AFFIX CUSTOMER	NO. BAR CO	ODE LABEL AROV	ν <sub>Ε</sub>			
Name Timothy M. Farrell								
Address Route 134 & Kitchawan Ro P.O. Box 218			· · · · · · · · · · · · · · · · · · ·		$\dashv$			
· · · · · · · · · · · · · · · · · · ·	tate New York	Zip Co	ode 1059	8 ,				
<u> </u>	elephone 914-945-275		914-945-3					
NAME (Print/Type) Timoth	y M. Farrell	Registration No. (Atty/A	gent) 37	7,321				
Signature	inthy s. Jul	rell D	ate	8-Jun-62	)			
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PTO/SB/56 (02-01)
Approved for use through 01/31/2004. OMB 0651-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it discloses a series of the collection of information unless it discloses a series of the collection of information unless it discloses a series of the collection of information unless it discloses a series of the collection of information unless it discloses a series of the collection of th Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

	REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) ARC9 1997 0008 US2				
ļ.	Claims as Filed - Part 1										
	Claims in			er Filed in		(3)	Small E	_,		Other than a	
-	Patent		Reissue Application			ber Extra	Rate	Fee		Rate	Fee
	(A) 57 Total Claims (37 CFR 1.16(j))		(B) 102		****	45 <sub>=</sub>	×\$=		or	×\$ <u>18</u> =	810
	(C) 3	Independent claims (37 CFR 1.16(i))	(D) 3		* 0 =		x \$=		x \$=	<u>.</u>	
	Basic Fee (37 CF						FR 1.16(h))	\$			\$ <u>740</u>
	Total Filing Fee \$ OR \$ 1550.00										\$ 1550.00
	Claims as Amended - Part 2										
		(1)		(2)	(3)	Small Entity			Other than a Small Entity		
		Claims Remaining After Amendment	Previous		sly Claims	Rate	Fee	Ţ	Rate	Fee	
	Total Claims		MINUS	Paid Fo	or	Present * =		-		v ¢	=
Li	(37 CFR 1.16) Independent	***	MINUS	****		=	×\$= ×\$_=		┪		=
	Claims (37 CFR 1.16		<u> </u>	L		Total A	dditional Fee	\$		OR OR	\$
	* If the entry in (D) is less than the entry in (C), Write "0" in column 3.  *** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.  **** After any cancellation of claims.  **** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).  **** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).  Applicant claims small entity status. See 37 CFR 1.27.  Please charge Deposit Account No										
07/26/2002 01 FC:103 02 FC:104	achapean 0000 Pave 00	0001 090468 10048 ngਜ CH	093				Signature of Timothy M.	Farrell, I	Reg. #		ent of Record

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Jon Michael Kleinberg

Serial No .: To be assigned

Filed: Herewith

Docket No.: ARC919970008US2

Group No.: Examiner:

For: Method and System For Identifying Authoritative Information Resources In An Environment With Content-Based Links

Between Information Resources

**US PATENT & TRADEMARK OFFICE Box Patent Application** P.O. BOX 2327 ARLINGTON, VA 22202

## EXPRESS MAIL CERTIFICATE

Express Mail Label Number EV049584775US Date of Deposit January 8, 2002

I hereby certify that attached paper or fee:

- Return Post Card
- 2-Reissue Patent Application Transmittal
- Reissue Application Fee Transmittal Form
- 4-Copy of Patent Application
- 5-**Preliminary Amendment**
- 6-Reissue Declaration By Inventor
- 7-Consent of Assignee
- 8-Associate Power of Attorney
- 9-Information Disclosure Statement
- 10- PTO 1449 Form with Reference attached

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and addressed to the US PATENT & TRADEMARK OFFICE, ARLINGTON, VA 22202.

Margaret McCabe

(Name)

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